Arent Fox

January 26, 2011

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VIA ELECTRONIC FILING

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 Twelfth Street, S.W.
Washington, DC 20554

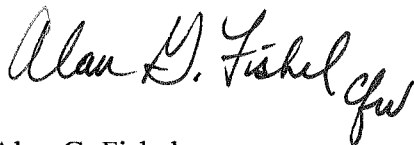Re: *Ex Parte Communication*, WC Docket No. 02-60

Dear Ms. Dortch:

On January 25, 2011, on behalf of the Internet2 Ad Hoc Health Group, the undersigned, and many other individuals, including, but not limited to, those listed in the second attachment, met (either in person or via teleconference) with Trent Harkrader, Jamie Susskind, Erica Myers and Cindy Spiers of the Commission. During the meeting, we spoke about issues set forth in the first attachment.

Respectfully submitted,

Alan G. Fishel

Attachments

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The proposed program should be modified to meet the needs of the community. In particular:

1. Consortia of health organizations should be explicitly eligible for all of the Rural Health Programs

2. The eligible entities for the Rural Health Program should be as broad as possible to improve the communication among providers and improve the quality of care

3. Eligible services should include health care providers serving rural and underserved populations irrespective of their geographic location

4. Connectivity between health networks such as state wide Health Information Exchanges should be encouraged if not mandatory

5. Broadband is a community resource. The Rural Health Program has been designed to only invest in the specific health needs of that resource. However, if and when a community can add to the investment being made by the Rural Health Program and expand the value of the resource to the community, then that should be encouraged. Ultimately, this will reduce the overall broadband costs to the health users and the community as a whole. This concept is extraordinarily true in the rural communities of America.   For example, In Texas, the Telecommunications Infrastructure Fund was created by House Bill 2128 in Texas. This fund provided up to $1.5 billion to connect eligible entities in Texas and HB 2128 created a discount structure for K12, Higher Education, Libraries, and Not-for-Profit Healthcare facilities. The Fund and the ongoing discount rate connectivity has increased dramatically in these four "communities" and resulted in significant revenue to the service providers. The proposed changes in the Rural Health program by FCC will stimulate significant "service" revenue in clecs, ilecs, and other service providers.

6. Bandwidth, quality of service and availability are critical factors in the success, acceptance and use of advanced broadband medical applications. As these applications are accepted and extended to providers' offices and small clinics, bandwidth requirements will expand like AT&T's traffic with the advent of the iPhone.

7. If a broadband service is not affordable, it is unavailable. The Rural Health program must ensure that broadband is available to improve patient care and the existence of broadband is not a sufficient measure of availability.

8. The Rural Health Program should be consistent with other Federal Networking programs and allow the required 15% match to come from 'in-

kind' sources

9. Rural health providers who attain 'Meaningful Use' should be rewarded with additional subsidies rather than penalizing providers who do not attain that status

10. Allowing expenses such as administrative and maintenance costs are positive steps. The Commission is encouraged to carefully and judiciously identify ineligible costs. Costs such as a network help desk and conditioned and continuous power are critical to the success of the Rural Health Program

11. The administrative processes should be completely overhauled to encourage rather than discourage the use of the program

12. Caps and limits on the number of programs per year are arbitrary and may cause the exclusion of some programs that would provide the most benefit

13. Participation in health networks is dynamic and the FCC/USAC process should accept, facilitate and support these changes rather than making them into significant overhead burdens on the Rural Health participants

14. Sustainability should be measured in the form of a business or financial plan rather than by individual commitments by institutions

15. The use of operating leases to obtain needed telecommunications services should not be prohibited when such leases are of sufficient duration and can be shown to lead to enduring improvements in the telecommunications infrastructure during or after their term expires. Capital leases and ownership of IRUs should also be permitted.

Call Attendees

1. Eric Brown
   President and CEO
   California Telehealth Network

2. Kimberly Cummins
   Assistant Project Coordinator
   Western New York Rural Area Health Education Center

3. Larry Flournoy
   Academy
   Texas A&M University

4. Debby Farreau
   Program Director
   Colorado Telehealth Network

5. Kevin Groskreutz
   Regional Director Information Systems
   Hospital Sisters Health System – Western Wisconsin Division

6. Dave Kirby
   Project Lead
   NC TeleHealth

7. Denise A. Jurca, MBA, PMP
   Consultant
   California Telehealth Network (CTN)

8. Michael R. Lardiere, LCSW
   Director, Health Information Technology
   Sr. Advisor, Behavioral Health
   National Association of Community Health Centers

9. Harry Levins, PMP
   Project Manager
   Michigan Public Health Institute

10. Rebecca Madison
    Previous Employer: Alaska eHealth Network
    Current Employer: Self

11. E. Rachel Mutrux
    Director, Missouri Telehealth Network
    Operations Director, Missouri Health Information Technology Assistance Center

University of Missouri

12. Michael McGill
    Health Sciences
    Internet2

13. Vanessa McLaughlin
    CEO
    EdithForge
    Telemedicine Business Consulting

14. Lakshmi Pakala
    Business Development Manager
    Juniper Networks

15. Bill Price
    Department of Management Services
    The State of Florida

16. Tom Reid
    President
    Reid Consulting Group LLC

17. Christopher B. Sullivan, Ph.D. ☐
    Administrator☐Office of Health Information Technology☐
    Florida Center for Health Information and Policy Analysis☐
    Agency for Health Care Administration

18. Michael Sullivan, MD
    Health Sciences
    Internet2

19. Steve Ward
    Executive Director
    Colorado Telehealth Network